

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																															
1 Date of Request: <u>6/3/05</u>		2 Serial/Patent # <u>10/517637</u>																																																													
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Filing</td><td style="width: 10%;">1</td><td style="width: 10%;">12/13/04</td><td style="width: 10%;">\$ 50</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	1	12/13/04	\$ 50	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">4 PAPER NUMBER</td> <td style="width: 20%; padding: 5px;">5 DATE FILED</td> <td style="width: 20%; padding: 5px;">6 AMOUNT</td> </tr> <tr> <td style="height: 100px; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2" style="padding: 5px;">7 TOTAL AMOUNT OF REFUND</td></tr> <tr><td colspan="2" style="text-align: center; padding: 5px;">\$ 50</td></tr> </table> </td> <td colspan="2" style="padding: 5px; vertical-align: top;"> 8 TO BE REFUNDED BY: <input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 19--0741 </div> </td> </tr> </table>			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2" style="padding: 5px;">7 TOTAL AMOUNT OF REFUND</td></tr> <tr><td colspan="2" style="text-align: center; padding: 5px;">\$ 50</td></tr> </table>	7 TOTAL AMOUNT OF REFUND		\$ 50		8 TO BE REFUNDED BY: <input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 19--0741 </div>	
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